

## Request for Flexible Work Schedule

Name of Employee: \_\_\_\_\_ Personnel Number: \_\_\_\_\_

Unit/Section: \_\_\_\_\_

Job Classification: \_\_\_\_\_

I am requesting the following work schedule effective: \_\_\_\_\_.

(1<sup>st</sup> day of pay period)

## Traditional Work Hours

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Five eight (8) hour workdays

Daily work schedule \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

## Option 1

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Four ten (10) hour workdays

Daily work schedule: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Workday off: \_\_\_\_\_

## Option 2

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Four (9) nine hour workdays and one four (4) hour day

Daily work schedule: \_\_\_\_\_ a. m. to \_\_\_\_\_ p.m.

One-half day off \_\_\_\_\_

Time worked on one-half day \_\_\_\_\_ to \_\_\_\_\_

For holiday closures I will take the appropriate day off if the holiday falls on my scheduled day off.

I understand that changes to the above schedule are allowed once per quarter, unless otherwise determined by my Supervisor, the Unit Head or the Regional Director.

I will submit a new request form to my Supervisor when a change is requested.

\_\_\_\_\_  
Employee Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Supervisor Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Unit Head Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Appointing Authority (Exceptions)\_\_\_\_\_  
Date